

CAREWare 4.0 Custom Report/Crosstab Wizard Field Descriptions

1. Demographics

NOTE: Demographic fields are available in ALL custom report types

A. Ind.	American Indian
Address	Client's address
AgeGroup	<2, 2-12, 13-24, 25-44, 45-64, 65+
Ann.Rev.Year	Annual Review year
APA 1st Service	Date 1st APA/ADAP service
APA Date Closed	
APA Enrl Date	
APA Enrl Status	
APA Last Service	
ART first prescribed date	Date antiretrovirals first prescribed
ARV Count	Number of active ARV ingredients
Asian	
Black	
City	City of residence
Client ID	Customizable client ID
County	County of residence
Date of Death	
DOB	Date of birth
Domain Name	Provider name
EIS Exp Ref	Referred for experimental treatment (Title III)
EIS Outside Ref	Referred outside of network for care (Title III)
eURN	Encrypted URN
First Name	
Gender	
Hemo	HIV Risk: Hemophiliac
Hetero	HIV Risk: Heterosexual transmission
HH Income	Household income
HH Size	Household size
HIP 1st Service	Date 1st Health Insurance program service
HIP Date Closed	Health Insurance program (HIP) date closed
HIP Enrl Date	HIP Enrollment
HIP Enrl Status	HIP enrollment status
HIP Last Service	Date last HIP service
Hisp.	Hispanic ethnicity

HIV Risk Factor	Recoded HIV risk factor
HIV Status	
HIV status at enrollment	
Housing Arr	Housing/living arrangement
IDU	HIV transmission category: Intravenous drug use
Ins.Type	Insurance type
Last Name	
Mail	(Check box: appear on mailing label report)
Memo	Memo field
MSM	HIV transmission category: Male sex with male
Name	
Other	Other race
OthRisk	Other risk
OthRisk Desc.	Other risk (described)
Pacific	Pacific Islander
Peri	Perinatal transmission
Phone	
Phys. Name	(Physician name—for scheduler)
PK	Client's Primary Key in database
PovertyLev	Calculated poverty level
Prm. Medical Care	Source of primary medical care
Q1-q4 Mental Health	Q1-Q4 Mental health status
Q1-q4 Mnt Hlth Trt	Q1-q4 Mental health treatment
Q1-q4 Sbst Abuse Trt	Q1-q4 Substance abuse treatment
Q1-q4 Subst Abuse	Q1-q4 Current substance abuse status
Race/Ethnicity	
Self-Management Date	
State	State of residence
STD 1st Service	Date of first standard CARE Act service
STD Date Closed	Date case closed
STD Enrl Date	Enrollment Date at provider
STD Enrl Status	Enrollment Status at provider
STD Enrl. Status By Date	Enrollment status by date
STD Last Service	Date of last service
Transfusion	HIV transmission risk: Transfusion (blood products)
Unk.	Unknown Race
UnkRisk	Unknown Risk

URN	Unique Record Number
Vital Status	Alive, deceased, unknown (Current)
Vtl. Status By Date	Vital status at designated timepoint
White	Race: White
Zip	Client's zip code

2. Services

Srv Category	Service category (e.g. medical, dental, mental health, case management)
Srv Date	Service Date
Srv Display	Name of service used for display (reports, etc.)
Srv Name	SubService name
Srv Price	Service unit price
Srv Qty	Service units/quantity
Srv Total	Units x Unit price

3. Clinical Encounter:

a) Vital Signs

BMI	Body mass index (kg/m2)
BP(sys/dia)	Blood pressure (systolic/diastolic)
Diastolic	Diastolic bp
Height(in/cm)	Height
Hosp Days	Total Number hospital days since last clinical encounter
Hosp Visits	Total number hospital visits since last encounter
Hosp/ER Reason	Reason for hospitalization/Emergency dept. admission
Systolic	Systolic bp
Temp(°f/°C)	Body temperature
Vitals Date	Date vital signs taken
Weight(lbs/kg)	Body weight

b) Medications

ART first prescribed date	
Frequency	Once a day, twice, etc. (qd, bid, tid, prn, etc.)
Indication	ART, OI prophylaxis, OI treatment, Other
Medication	Medication name
Reason	PCP, MAC, Mtb, CMV, etc.
Start Date	Date medication started
Stop Date	Date medication stopped
Stop Reason	Reason medication stopped

Strength	Strength of medication (e.g. 200 mg)
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c) Labs

Lab =?	Result =, >=, <=
Lab Date	Date of lab test
Lab Result	Result
Lab Test	Name of lab test

d) Screening Labs

ScrLab Date	Screening lab date
ScrLab Result	Screening lab result
ScrLab Test	Screening lab test name
ScrLab Titer	Screening lab titer (if applicable)
ScrLab Treatment	Treatment (yes/no/unknown)

e) Screenings

Screening Action	Treatment action (if any)
Screening Date	Date of screening test
Screening Result	Result of screening test (
Screening Test	Name of Screening test (e.g. PPD, Pap smear)

f) Immunizations

Immunity	Immune, non-immune, History of infection, history of vaccination, Unknown
Updated	Was vaccine received/updated? (Yes, no, Not Medically Indicated, Refused)
Vaccine	Name of vaccination
VacDate	Date vaccine received

g) Diagnoses

Condition	Name/ICD9 code of condition diagnosed
Diag. Assess.	Diagnosis Definite, Presumptive, Unknown
Diag. Comment	Comment regarding diagnosis
Diag. Date	Date of diagnosis

4. Referrals

Received Date	Date service received
Referral Comment	Comment field
Referral Date	Date referred
Referral Status	Referral Completed, pending, lost to follow-up, rejected
Referral Type	Service type (e.g. medical, mental health, case mgmt, etc.)

5. HIV Counseling & Testing

HIV Result	HIV test result (neg, pos, unknown)
HIV Tested	Yes, no, unknown
Notified	Number of partners notified
PN Offered	Partner notification offered?
Post Cnsl	Post-test counseling (yes, no)
Pre Cnsl	Pre-test counseling (yes/no)
PreC Dt	Date of pre-test counseling
PstC Dt	Date of post-test counseling
Test Dt	Date of HIV test

6. Pregnancy history

ConceptDt	Date of conception
Delivery Date	Date of delivery
Newborn st.	HIV status of newborn
Pn ART Date	Date Prenatal ART started
Pn Care Date	Date prenatal care started
Pn Counsel	Prenatal counseled about ART
Pn Offer ART	Prenatal ART offered?
Pn Take ART	Prenatal ART Taken
Pn Visits	Number of prenatal care visits
PrgOutcome	Pregnancy outcome

7. Custom Subform

Custom Subform Date	
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